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Voices from the Frontline: Mental Health Realities of CHWs in Kenya's Evolving Health System- Findings from a Qualitative Study

Background:

Community Health Workers (CHWs) are vital in bridging informal and formal health systems, enhancing access to underserved populations. Despite their essential roles, they often contend with heavy workloads, limited structured support, and inconsistent compensation. While existing research has focused on their responsibilities, few studies have examined their lived experiences, particularly on their mental well-being (MWB). This multinational collaborative study seeks to explore CHWs' personal and work experiences and how these influence their mental well-being in urban and rural settings. The findings will support the co-design of context-specific interventions and inform policy recommendations.

Methods:

In Kenya, the study engaged 27 CHWs (16 F, 11 M) from two contrasting settings: informal settlements in Nairobi County and rural communities in Kiambu County. Individual and work experiences were explored using Life History Interviews to explore their current motivations, stressors, and coping behaviours, and how these influenced their MWB. Participants also created life history maps to visually represent their lived experiences. All interviews were conducted in local languages, audio-recorded, translated, and transcribed verbatim. Data were analysed using the Framework Approach with the aid of NVivo 12 software. The life history maps were examined through content analysis to identify common themes.

All participants provided written informed consent. Ethical approval for this study was granted by AMREF Ethics and Scientific Review Committee (Protocol number: ESRC P1472/2023).

Results:

CHWs identified several motivators that contributed to their engagement, including the recent introduction of stipends, provision of branded attire and kits, and increased community recognition. However, participants also reported a range of stressors affecting their mental well-being. These included compassion fatigue stemming from repeated exposure to familiar trauma, such as grief, gender-based violence, and child abuse. CHW also experienced intrahousehold challenges such as intimate partner violence and family conflicts resulting from financial difficulties. Notably, CHWs highlighted the absence of formal debriefing mechanisms or mental health support within the health system. In response, many relied on informal support systems, including peers, family members, and friends, to cope with overwhelming situations.

Conclusion:

The mental well-being of Community Health Workers is shaped by both their professional responsibilities and repeated exposure to personal and community-level trauma. Although recent reforms such as the provision of stipends and formal recognition of CHWs mark important progress in Kenya's health system, these alone are insufficient. There is an urgent need for the Ministry of Health and county governments to integrate mental health support into community health programming. This includes mental health literacy, ensuring access to supportive supervision through regular debriefing, counselling on trauma and self-awareness, and field-based check-ins, as well as building CHWs' capacity in income-generating activities. Additionally, creating safe and structured forums for CHWs to reflect on and address work-related stressors will be critical to strengthening their resilience and improving the quality and sustainability of service delivery.

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Promoting Workplace Mental Well-being: Creating Supportive Environments Across All Sectors